Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Ink.	Date Stamp CA	COVER PAGE ALIFORNIA 2931/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2006 through03/17/2006	Date of election if applicable: (Month, Day, Year) RE 06/06/2006	APR 1 2 2006 EQISTRAR OF NOTERS Deput	
Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Tent Amendment (Explain belief)	rmination) Supplemental Statement - Allow)	atement I-Year Report al Preelection Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Cathryn De Young/DeYoung for Supervisor	. NUMBER 1261380	Treasurer(s) NAME OF TREASURER Catherine Madigan MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) GITY STATE ZIP COE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY	DX	NAME OF ASSISTANT TREASURER	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing the under penalty of perjury under the Jaws of the State of California to Executed on Executed on Date Executed on Date	By Signature of Control By Signature of Control By Signature of Control	Signature of Controlling Officeholder, Candidate, State Mignature of Controlling Offic	surer ont or Responsible Officer of Sponsor Aeasure Proponent	and complete. I certify

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

NAME OF OFFICEHOLDER OR CANDID	Controlled Committee	6. Primarily Formed Ballot I	Measure Committee	
Cathryn DeYoung		NAME OF BALLOT MEASURE		
-				
County Supervisor District Number: 5	LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (N				OPPOSE
IN THE BOOMESS ADDRESS (N	NO. AND STREET) CITY STATE ZIP			
		identify the controlling officer	nolder, candidate, or state meas	SUFE DECOMMENT IF
lalata ta		NAME OF OFFICEHOLDER, CANDID	ATE, OR PROPONENT	proponent, it a
Related Committees Not Inc	cluded in this Statement: List any committees		Oitely	
contributions or make expositions	re controlled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		
	on behalf of your candidacy.	THE SOUGH ON HELD	DISTRICT	NO. IF ANY
OMMITTEE NAME			<u> </u>	
	I.D NUMBER			
	I.D. NUMBER			
	I.D. NUMBER			
		7. Primarily Formed Co. U.		
AME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candida officeholder(s) or candidate(s) for	ate/Officeholder Committee	List names of
AME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candida officeholder(s) or candidate(s) for	miles committee is primarily	E List names of formed.
AME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candida officeholder(s) or candidate(s) for		formed.
AME OF TREASURER DMMITTEE ADDRESS STREET	CONTROLLED COMMITTEE? VES NO ADDRESS (NO P.O. BOX)		miles committee is primarily	LD SUPPORT
AME OF TREASURER DMMITTEE ADDRESS STREET	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDI	IDATE OFFICE SOUGHT OR HE	formed.
AME OF TREASURER DMMITTEE ADDRESS STREET TY	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX)		IDATE OFFICE SOUGHT OR HE	LD SUPPORT
AME OF TREASURER DMMITTEE ADDRESS STREET TY	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDI	IDATE OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
AME OF TREASURER DMMITTEE ADDRESS STREET TY	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HE	LD SUPPOR
AME OF TREASURER DMMITTEE ADDRESS STREET TY	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE SUPPORT OPPOSE
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AME OF TREASURER OMMITTEE ADDRESS STREET TY OMMITTEE NAME	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HE DATE OFFICE SOUGHT OR HE DATE OFFICE SOUGHT OR HEI	LD SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D OPPOSE
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AME OF TREASURER DMMITTEE ADDRESS STREET TY DMMITTEE NAME ME OF TREASURER	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HE DATE OFFICE SOUGHT OR HE DATE OFFICE SOUGHT OR HEI	LD SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
AME OF TREASURER OMMITTEE ADDRESS STREET TY DMMITTEE NAME ME OF TREASURER	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HE DATE OFFICE SOUGHT OR HE DATE OFFICE SOUGHT OR HEI	LD SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 01/01/2006 **FORM** from through. 03/17/2006 ___ of _24 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cathryn De Young/DeYoung for Supervisor 1261380 **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROMATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE 1. Monetary Contributions Schedule A, Line 3 \$ _____3,667.51 General Elections 2. Loans Received Schedule B, Line 3 1/1 through 6/30 400,000.00 1,100,000.00 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ___ 403,667.51 20. Contributions Received 6,463.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 410,130.51 21. Expenditures s 1,273, 283.55 Made **Expenditures Made Expenditure Limit Summary for State** 806,473.84 7. Loans Made Schedule H, Line 3 **Candidates** 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 366,006.03 0.00 22. Cumulative Expenditures Made* 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (If Subject to Voluntary Expenditure Limit) -8,379.00 10. Nonmonetary Adjustment Schedule C, Line 3 Date of Election Total to Date 6,463.00 (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ 213,240.40 13. Cash Receipts Column A, Line 3 above To calculate Column B, add 403,667.51 amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts *Amounts in this section may be different from amounts 15. Cash Payments Column A, Line 8 above from Column B of your last reported in Column B. report. Some amounts in 366,006.03 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ____ Column A may be negative 250,901.88 figures that should be If this is a termination statement. Line 16 must be zero. subtracted from previous period amounts. If this is 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ the first report being filed for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ __1,100,000.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		d	Statement covers period from 01/01/2006	california 46
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through03/17/2006	- Crim
Cathryn De Young/DeYoung for Supervisor					Page 10 of 24 I.D. NUMBER
CODES: If one of the following codes accurately describe	s the payment, v	OU may er	ter the code. Other		1261380
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MTG meetings at OFC office expe PET petition circl PHO phone bank POL polling and POS postage, de	and appearance anses ulating s survey resea	ees	RAD radio airtime and product returned contributions SAL campaign workers' salate. TEL t.v. or cable airtime and tRC candidate travel, lodging trayel, lodging staff/spouse trayel, lodging trayel.	ction costs production costs , and meals ing, and meals ittees of the same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 12th Man Football Club/Kelly Altuzarra		CODE	OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
o-us, actly attuzaria			Banner cost reduc	ction	-300.00
Aliso Niguel News					
		PRT			700.00
Aliso Niguel News		PRT			
					700.00
Payments that are contributions or independent expenditures m			<u></u>		

(Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cathryn De Young/DeYoung for Supervisor	Type or prir Amounts may to whole d	e rounded	·	State from through	01/01/2006 03/17/2006	CALIFO FOR	11 of_	460
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings an OFC office exper PET petition circu. PHO phone banks POL polling and sepon postage, del	d appearance ses lating survey resea	ces	RAD rac RFD ret SAL can TEL t.v. TRC can TRS sta TSF trac VOT vot	escribe the payment dio airtime and production urned contributions mpaign workers' salarie: or cable airtime and pro- ndidate travel, lodging, a ff/spouse travel, lodging insfer between committed er registration	n costs s oduction costs nd meals , and meals es of the sar	s ne candidat	le/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) California Club for Growth		CODE	OR DES	CRIPTION OF	PAYMENT		AMOUNT	PAID
THE CLUB TOT GIGWIN		LIT					2,	500.00
Carbonara Trattoria Italiana								
		FND					8	800.00
City of Laguna Niguel			Copies of city do	cuments				
							7	799.80
Civic Research				·				
		POL					17,5	500.00
Comp USA								
		OFC					22	20.83
Payments that are contributions or independent are to								
Payments that are contributions or independent expenditures must also be	be summarized on Se	hedule D.			SUE	STOTAL \$	21,82	20.63

Type or print in ink

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	A	mounts may b to whole de	e rounde	d			S	tatement covers period	CALIF FO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							throu		Page _	12 of 24
Cathryn De Young/DeYoung for Supervisor									I.D. NUM	BER
CODES: If one of the following codes account to the			<u> </u>						12613	80
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	meetings an office expen petition circu phone banks polling and spostage, deli	munication d appeara ses lating survey res	ence	s		RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	costs duction cost d meals and meals s of the sa	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	c	PR	DESC		OF PAYMENT		AMOUNT PAID
Cox Communications		į	WEB			_				370.90
DeSnoo & DeSnoo										
			OFC							50.64
DeSnoo & DeSnoo				_						
			CNS							5,000.00
Flash Report				\dashv						
			WEB			ų.				1,500.00
Forde & Mollrich			CNS							37,500.00
Payments that are contributions or independent expenditures must also	be sum	marized on S	shodule 5							
				,. =				SUB	TOTAL \$	44,421.54

(Continuation Sheet)	Type or p	rint in ink.		Statement		SCHEDULE E (CON
Payments Made	Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2006	CALIF	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE						
NAME OF FILER				through03/17/2006	Page _	13 of 24
Cathryn De Young/DeYoung for Supervisor					I.D. NUM	BER
CODES: If one of the following codes accurately describe	20 th 2 11 11 11				12613	80
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG meetings OFC office exp PET petition cir PHO phone bar POL polling and POS postage, o	and appearan enses culating iks d survey reseatelivery and m	ces	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, transfer between committee voter registration web information technology costs	duction cost d meals and meals s of the sar	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT	(internet, e	
Forde & Mollrich						AMOUNT PAID
		LIT				119,987.37
Greenstripe Media		 	-			
		TEL				98,670.00
James V. Lacy, Attornev						
			Net File Serv (460 Program); Postage	Filing		307.90
ames V. Lacy, Attorney	-					
		PRO				2,000.00
an Rojas		621				
	i	SAL				465.00
ayments that are contributions or independent expenditures must also	ha summe-i	0-1-1 -				
, and a state of the state of t	be summarized on	Schedule D.		SUB	TOTAL \$	221,430.27

(Continuation Sheet)	Type or pri Amounts may	nt in ink. be rounded		Γ-	Statement	COVER poriod		SCHEDULE E (CO
Payments Made	nts Made to whole dollars.			Statement covers period from01/01/2006		CALIF	ORNIA 46	
SEE INSTRUCTIONS ON REVERSE				ŀ			_	
NAME OF FILER				th	rough	3/17/2006	Page _	14 of 24
Cathryn De Young/DeYoung for Supervisor							I.D. NUM	BER
CODES: If one of the following codes accurately described campaign paraphernalia/misc.	es the navment	(O) may a	L				12613	80
contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LT campaign literature and mailings	MTG meetings ar OFC office experiments PET petition circum PHO phone banks POL polling and POS postage, dei	nd appearance: nses ulating s	h	RA RF SA TE TR TR VO	AD radio aird D returned AL campaign L t.v. or ca C candidate S staff/spou F transfer te OT voter rec	ime and producti contributions n workers' salari ble airtime and p e travel, lodging, use travel, lodging petween commits	es roduction cost and meals g, and meals ees of the sal	me candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Jan Rojas		CODE O	₹		ION OF PAYM		ous (miternet, e	AMOUNT PAID
		SAL						5,040.00
Kenny the Printer								
	,	FND						3,490.41
Majestic Valet			, , , , , , , , , , , , , , , , , , ,					
		FND						225.00
Jon-Partisan Candidate Evaluation Council Inc.								
· -		LIT						2,500.00
range County Firefighters Voter Guide		LIT						
								2,500.00
ayments that are contributions or independent expenditures must also	be summarized on Sc	hedule D						
						SU	BTOTAL \$	13,755.41

Schedule E	
(Continuation \$	Sheet)
Payments Mad	e ´

Type or print in ink. Amounts may be rounded SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2006 03/17/2006 SEE INSTRUCTIONS ON REVERSE through Page 15 of 24 NAME OF FILER I.D. NUMBER Cathryn De Young/DeYoung for Supervisor 1261380 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* ND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads information technology costs (internet, e-mail) WEB NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT **AMOUNT PAID** PC Trade OFC 1,365.61 Ray Gennawey SAL 414.00 Registrar of Voters FIL 813.59 Registrar of Voters 8,517.00 FIL Republican Party of Orange County MBR 200.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$

11,310.20

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Type or print in ink. Statement covers period Amounts may be rounded **CALIFORNIA** to whole dollars. **FORM** 01/01/2006 from. SEE INSTRUCTIONS ON REVERSE 03/17/2006 through Page 16 of 24 NAME OF FILER I.D. NUMBER Cathryn De Young/DeYoung for Supervisor 1261380 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions contribution (explain nonmonetary)* CTB OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs TEL candidate filing/ballot fees FIL PHO phone banks TRC FND fundraising events candidate travel, lodging, and meals POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* TRS ND postage, delivery and messenger services POS transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Rheem Media PRO 4,500.00 Rutan & Tucker PRO 10,000.00 SDGE OFC 210.99 Sater Secretarial Service 228.80 SAL Save Proposition 13 LIT 2,500.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 17,439,79

Schedule E
(Continuation Sheet)
Payments Made

(Continuation Sheet)	Type or prin			S	Statement covers	period	SCHEDULE E (CONT
Payments Made	s Made Amounts may be rounded to whole dollars.		from		CALIF	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE				thro	02/27/2	006	17 . 24
NAME OF FILER							
Cathryn De Young/DeYoung for Supervisor						I.D. NUM	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MISK member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearan nses lating survey rese ivery and n	s Ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and returned contrib campaign worke t.v. or cable airti candidate travel, staff/spouse travel transfer between voter registration	d production costs utions ers' salaries me and production cos lodging, and meals committees of the sa	ts ime candidate/sponsol
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR		ON OF PAYMENT		AMOUNT PAID
South County Printing							
t.		FND					1,274.61
Sprint							
		OFC					192.47
Staples							
		OFC				·	840.70
Trans Pacific Association							
		SAL					7,500.00
Trans Pacific Association				· · · · · · · · · · · · · · · · · · ·			
		OFC					39.54
Payments that are contributions or independent expenditures must also	be summarized on S	chedule D.				SUBTOTAL \$	9,847.32
							2,041.32

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.

SCHEDULE E (CONT.)

Statement covers period Amounts may be rounded **CALIFORNIA** to whole dollars. **FORM** 01/01/2006 from SEE INSTRUCTIONS ON REVERSE 03/17/2006 through Page ____18_ of ___24 NAME OF FILER I.D. NUMBER Cathryn De Young/DeYoung for Supervisor 1261380 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* returned contributions OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals TRC FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings ЦΤ PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Trans Pacific Association SAL 15,000.00 USPS-Mission Vieto POS 2,000.00 Verizon OFC 441.12 Voter Information Guide - ID593-003 5,985.00 LIT Zaid Hamid Photography LIT 1,174.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 24,600.12

~	\sim L	ı⊏r	711	; =	

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.		Statement cov		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 03/17	7/2006	19 of24	
Cathryn De Young/DeYoung for Supervisor				I.D. NU		
CODES: If one of the following codes accurately descri CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appear OFC office expenses PET petition circulating PHO phone banks POL polling and survey responses, delivery and PRO professional services PRT print ads	ons ances search messenger services	RAD radio airtime al returned contri SAL campaign worl TEL t.v. or cable air TRC andidate trave transfer betwee VOT voter registration.	nd production costs ibutions kers' salaries time and production cosel, lodging, and meals avel, lodging, and meals en committees of the sa	ts me candidate/sponso	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE	
Jan Rojas	SAL	465.00	0.00	465.00	OF THIS PERIOD 0.00	
Ray Gennawey	SAL	414.00	0.00	414.00	0.00	
Trans Pacific Association	SAL	7,500.00	0.00	7,500.00	0.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	8,379.00	0.00\$	8,379.00\$	0.00	
 Schedule F Summary Total accrued expenses incurred this period. (Include all Sacrued expenses of \$100 or more, plus total unitemized Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized Net change this period. (Subtract Line 2 from Line 1. En 	accrued expenses under \$ edule F, Column (c) subtot payments on accrued expe	\$100.)als for payments on		RRED TOTALS \$	0.00	
3. Net change this period. (Subtract Line 2 from Line 1. En	ter the difference here and					

on the Summary Page, Column A, Line 9.)

NET \$

-8,379.00

May be a negative number